

August 26, 2014

To: Senator David Wanzenried, Chair  
Interim Committee on Children, Families, Health, and Human Service  
PO Box 201706  
Helena, MT 59620-1706

Dear Senator Wanzenried and Committee Members:

Even though I am an active board member of the Great Falls Center for Mental Health Foundation and the Great Falls YWCA Board, I speak as a private citizen in regard to mental health issues related to the HJR 16 Study conducted by Legislative Interim Committee for Children, Families, Health, and Human Services.

My comments are in regard to LCCF 05 Revisions: Grants to Counties, LCCF 10: Funding for Privately Operated Forensic Prerelease Center, and LCCF 11: Funding for State-Operated Forensic Prerelease Centers.

The three draft proposals are interconnected if the 2015 Legislature agrees to expand Medicaid expansion for the more than 50,000 Montanans not insured for medical care. Since the Affordable Care Act (ACA) emphasizes preventive mental and physical health care, many individuals will receive preventive treatment services at the local community level. In turn this means that there is the chance of a declining population in the Private and State Operated Prerelease Centers. This will save thousands of tax state dollars.

Since the main purpose of the ACA is to provide preventive mental and physical health care, this will generate a direct positive economic and financial impact in many Montana rural and urban communities. There is much to lose if Montana does not expand Medicaid. Researchers of the Urban Institute have estimated that joining the ACA will cost \$194 million dollars for Montana. If the legislature does not expand Medicaid the state will lose \$2.1 Billion and its hospitals \$1.1 Billion.<sup>1</sup>

For example some of the savings generated by the ACA are in the practice of preventive mental health care at the community level. Early mental health preventive care will result in the decline of the Private and State-Operated Forensic Prerelease Centers population. The saved expenses, in turn, can be distributed by way of grants to county governments

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<sup>1</sup> See Stan Dorn, Megan McGrath, John Holahan, What is the Result of States Not Expanding Medicaid? (*Policy Briefs/Timely Analysis of Health Policy Issues*), Date: August 07, 2014. <http://www.urban.org/UploadedPDF/413192-What-is-the-Result-of-States-Not-Expanding-Medicaid.pdf>

The current structure and past history of federal Medicaid spending show that, when federal leaders turn to deficit reduction, they will almost certainly seek and find other ways to cut Medicaid without lowering the federal share of Medicaid spending below the ACA's statutory level.

as defined in LCCF 05. The intent of this type of financial distribution would be to ensure that rural and urban communities could improve their social welfare programs, preventive measures, and promote healthcare education.

Thus the 2015 Legislature has the opportunity to improve the lives of those who are poor and disadvantaged. Many of this population are teenaged single mothers and their children, and many are unemployed, uneducated, some are veterans while others belong to ill-housed minorities. Because of circumstance, many suffer from poor mental and physical preventive health care and seek care on an emergency basis. They depend on Community and non-profit health care centers. In Montana health care for children is so low that The Annie E. Casey Foundation has ranked Montana's children last of the 50 states.<sup>2</sup>

In my community, the City of Great Falls is beginning to experience an implosion of its social infrastructure. And this is also happening in many small rural communities located in the Golden Triangle. For instance, 43% of the Teton County population has no medical insurance. The Great Falls YWCA's Mercy Home, the only one in Montana, has received twice as many families than in 2013. School children have created food pantries for their classmates. The Great Falls Center for Mental Health Center as a community care facility has a long waiting lists for those who suffer from mental illness. A large segment of non-insured people seek immediate care from Benefis' Hospital Emergency room that could easily prevented.

There is no question that this Interim Committee is dealing with a very difficult situation. Public testimony has been presented that the HJR 16 Study cannot be solved by a few minor changes. The proposed Legislative Bills and Funding issues can be solved to benefit Montana children and families. There is really no choice for the 2015 Legislature but to deal in a positive manner with Medicaid expansion.

I thank you for your consideration of my thoughts, and please contact me if the Interim Committee needs additional information.

Sincerely,



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<sup>2</sup> See attached "Appendix 1 of Child Well Being Rankings, " Kids Count, Annie E. Casey Foundation, 25<sup>th</sup> Edition, 2014, <http://www.aecf.org/m/databook/aecf-2014kidscountdatabook-embargoed-2014.pdf>

See also Arnold Reiman, "A Challenge to American Doctors, The New York Review, August 14, 2014, p. 32-33.

## Child Well-Being Rankings

	Overall Rank	Economic Well-Being Rank	Education Rank	Health Rank	Family and Community Rank
State					
Alabama	44	39	45	38	42
Alaska	33	31	42	46	15
Arizona	46	46	44	44	46
Arkansas	41	42	36	34	45
California	40	48	39	26	43
Colorado	22	18	11	39	21
Connecticut	7	15	5	8	9
Delaware	23	23	23	16	26
District of Columbia	N.R.	N.R.	N.R.	N.R.	N.R.
Florida	38	45	27	37	35
Georgia	42	44	40	38	39
Hawaii	25	33	31	22	13
Idaho	21	20	33	20	11
Illinois	20	21	17	12	28
Indiana	27	19	26	27	31
Iowa	3	3	13	1	7
Kansas	15	7	12	21	25
Kentucky	35	35	30	28	40
Louisiana	47	43	47	42	48
Maine	14	29	14	3	6
Maryland	12	14	8	14	19
Massachusetts	1	13	1	2	8
Michigan	32	34	38	29	29
Minnesota	5	4	6	17	5
Mississippi	50	50	48	48	50
Missouri	29	24	22	30	27
Montana	31	25	21	50	14
Nebraska	10	5	9	24	20
Nevada	48	47	50	47	44
New Hampshire	4	12	4	13	1
New Jersey	8	16	2	19	10
New Mexico	49	49	49	49	49
New York	28	37	18	5	34
North Carolina	34	38	28	32	36
North Dakota	6	1	19	23	4
Ohio	24	22	16	18	30
Oklahoma	39	36	41	41	38
Oregon	30	40	35	7	22
Pennsylvania	16	17	7	25	23
Puerto Rico	N.R.	N.R.	N.R.	N.R.	N.R.
Rhode Island	26	26	25	15	32
South Carolina	45	41	43	43	41
South Dakota	17	2	32	33	24
Tennessee	36	36	37	31	37
Texas	43	32	34	40	47
Utah	11	10	29	4	2
Vermont	2	8	3	6	3
Virginia	9	11	10	11	12
Washington	18	27	20	9	17
West Virginia	37	28	46	35	33
Wisconsin	13	9	15	10	18
Wyoming	19	6	24	45	16

N.R. Not Ranked.